

AUG 4 2004 11:54AM

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NO. 3441 P. 25

PTO/SB/81 (08-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/730372
Filing Date	December 08, 2003
First Named Inventor	James Edmond Van Trump Et. Al.
Title	PROCESS FOR TREATING A POLYESTER BICOMPONENT FIBER
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	LP5180USNA

I hereby appoint:

☒ Practitioners at Customer Number:

43693

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name	JAMES EDMOND VAN TRUMP				
Address	302 RIVER ROAD				
Address	APT A.3				
City	WILMINGTON	State	DE	Zip	19809
Country	USA				
Telephone	(302) 764-7643	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	JAMES EDMOND VAN TRUMP		
Signature	<i>James Edmond Van Trump</i>		
Date	06/04/2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

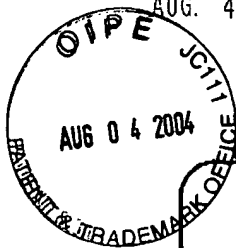
☒ Total of 5 forms are submitted.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	10/730372		
Filing Date	December 08, 2003		
First Named Inventor	James Edmond Van Trump Et. Al.		
Title	PROCESS FOR TREATING A POLYESTER BICOMPONENT FIBER		
Art Unit	UNKNOWN	Examiner's Name	UNKNOWN
Attorney Docket Number	LP5160USNA		

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OR

<input type="checkbox"/> Firm or Individual Name	Carmen Anzish Cavelli				
Address	2302 Century Lane				
Address					
City	Chadds Ford	State	PA	Zip	19317
Country	USA				
Telephone	610-361-1444	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/08)

## **SIGNATURE of Applicant or Assignee of Record**

Name	Carmen Anzish Cavelli		
Signature	Carmen Anzish Cavelli		
Date	6/10/04	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	LP5160USNA

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OR

<input type="checkbox"/> Firm or Individual Name	Jamie Lee Gosler				
Address	910 N. Waterford Ln.				
Address					
City	Wilmington	State	DE	Zip	19808
Country	USA				
Telephone	302-234-1213	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

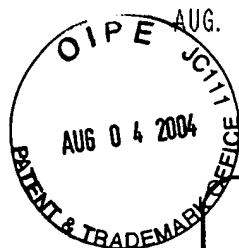
SIGNATURE of Applicant or Assignee of Record

Name	Jamie Lee Gosler		
Signature			
Date	6/28/2004	Telephone	

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☒ \*Total of 5 forms are submitted.

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/730372	
	<b>Filing Date</b>	December 08, 2003	
	<b>First Named Inventor</b>	James Edmond Van Trump Et. Al.	
	<b>Title</b>	PROCESS FOR TREATING A POLYESTER BICOMPONENT FIBER	
	<b>AR Unit</b>	UNKNOWN	<b>Examiner Name</b>
	<b>Attorney Docket Number</b>	LP5160USNA	

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☒ The above-mentioned Customer Number:

OR

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OR

<input type="checkbox"/> Firm or Individual Name	CLIVE MAPP				
Address	3 RUMSEY CLOSE				
Address	ABBEYDALE				
City	GLoucester	State	GL05	Zip	GL4 5JY
Country	UK				
Telephone	01452 614653	Fax			

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	CLIVE MAPP				
Signature					
Date	14/6/2004			Telephone	01452 614653

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 First Named Inventor James Edmond Van Trump Et Al.  
 Title PROCESS FOR TREATING A POLYESTER BICOMPONENT FIBER  
 Art Unit UNKNOWN Examiner Name UNKNOWN  
 Attorney Docket Number LP5160USNA

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☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name DR D. J. MARFEL  
 Address HILLSIDE LYNAGE  
 Address BPOATWELL  
 City MORSTON RD - MARSH State GLOS Zip GL56 0UA  
 Country UK  
 Telephone 0044 1451 830617 Fax  

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name DR D. J. MARFEL  
 Signature [Signature]  
 Date 17th June 2004 Telephone 0044 1451 830617

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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